

# PLUMBING APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY ADDRESS

City, Town, or Plantation Lamoine  
Street or Road Seal Point Rd.  
Subdivision, Lot # 374

## PROPERTY OWNERS NAME

Name (last, first, MI) Brooks Linde/Ron McElindig ☒ Owner ☒ Applicant  
Mailing Address of Owner/Applicant 439 Lamoine Beach Rd  
Lamoine, ME  
Daytime Tel. # 460-7740

## OWNER OR APPLICANT STATEMENT

I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant \_\_\_\_\_

Date \_\_\_\_\_

## >> CAUTION: LPI APPROVAL REQUIRED <<

Town/City LAMOINE Permit # 1808  
Date Permit Issued 8/11/16 Fee: \$ 40.00 Double Fee Charged [ ]  
[Signature] Local Plumbing Inspector Signature L.P.I. # 1040

The Internal Plumbing Fixtures and Piping shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

## CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Date Approved (Rough-In) \_\_\_\_\_

Local Plumbing Inspector Signature \_\_\_\_\_

Date Approved (Final) \_\_\_\_\_

## PERMIT INFORMATION

### This Application Is For

1. ☒ NEW PLUMBING INSTALLATION
2. ☐ RELOCATED PLUMBING

### Type of Structure To Be Served

1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER-SPECIFY \_\_\_\_\_

### Plumbing To Be Installed By

1. ☒ MASTER PLUMBER
2. ☐ MFG'D HOUSING DEALER/MECHANIC
3. ☐ PUBLIC UTILITY EMPLOYEE
4. ☐ PROPERTY OWNER

LICENSE # 1125919

### Hook-Up & Piping Relocation Maximum of 1 Hook-Up

HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

**OR**

HOOK UP: to an existing subsurface wastewater disposal system

PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures

**OR**

TRANSFER FEE  
(\$10.00)

### Column 2 Type of Fixture

Number	Type of Fixture
	Hosebibb / Sillcock
	Floor Drain
	Urinal
	Drinking Fountain
	Indirect Waste
	Waste Treatment Softener, Filter, etc.
	Grease / Oil Separator
	Dental Cuspidor
	Bidet
	Other: _____

### Column 1 Type of Fixture

Number	Type of Fixture
	Bathtub (and Shower)
	Shower (Separate)
	Sink
	Wash Basin
	Water Closet (Toilet)
	Clothes Washer
	Dish Washer
	Garbage Disposal
	Laundry Tub
	Water Heater

Fixtures (Subtotal)  
Column 2

3

Fixtures (Subtotal)  
Column 1

Fixtures (Subtotal)  
Column 2

Total Fixtures

3

Fixture Fee

40

Transfer Fee

Hook-Up & Relocation Fee

40

Permit Fee

(Total)